

## VARIATION IN OVERACTIVE BLADDER (OAB) SYNDROME TREATMENT PATTERNS, DISEASE IMPACT, AND PATIENT ATTITUDES TOWARDS OAB SYNDROME AND ITS TREATMENT

### Hypothesis / aims of study

Overactive bladder (OAB) symptom syndrome is a common condition that impacts negatively on patients' quality of life. An online survey of patients with OAB syndrome was conducted to understand treatment patterns, disease impact, and patient attitudes towards their condition and its treatment, in a community setting.

### Study design, materials and methods

A registry of patients with chronic diseases from the Lightspeed Research Panel was utilized to recruit survey participants in Australia, Brazil, Canada, France, Germany, Italy, Korea, Spain, Taiwan, the UK, and the US. Existing members of this panel were invited via e-mail to participate in the online survey. Respondents were screened for eligibility; criteria included age  $\geq 18$  years, self-report of urinating  $\geq 6$  times/24 hours, and at least one urgency urinary incontinence event in the past month. The survey was composed of questions assessing treatment utilization patterns and patient attitudes towards OAB and satisfaction with OAB treatment, and validated disease specific measures. Based on patients' responses to the survey, they were grouped into 4 categories representing varying characteristics, behaviours, and attitudes to OAB syndrome and its treatment.

### Results

A total of 58,128 invited patients were screened, 1882 met the inclusion criteria, and 1217 completed the survey. Based on the observed characteristics of the sample, four different attitude towards treatment groupings were identified; *Discouraged* (20%; least satisfied with life and overall health; most severe bladder problems; most depressed about bladder problems; least satisfied with current treatment; likely to be using medications and pads), *Seekers* (26%; most satisfied with life and general health; second most negatively affected by bladder problems; proactive in seeking treatment; most likely to be using medication and seeing a physician; unsatisfactory physician relationship, but good support network), *Adapted* (21%; second least satisfied with life and overall health; most resigned/accepting about bladder problems; not satisfied with current treatment), and *Untroubled* (33%; least severe bladder problems; most optimistic about bladder problems; most satisfied with current treatment; least likely to be currently seeing a physician or taking medications for bladder problems).

The mean age of patients in the 4 groups was generally similar, ranging from Seekers 46.7–50.7 years for Adapted. However, the sex distribution varied across the groups; the proportion of female patients was 90% for Discouraged, 66% for Seekers, 93% for Adapted, and 80% for Untroubled. Seekers reported the lowest satisfaction with their physician relationship (on a 1–4 scale, with 1 indicating lower and 4 indicating higher satisfaction). The highest physician relationship satisfaction was for the Untroubled group, although no group had a mean score greater than 2 on the 4-point scale. The proportion of patients who have ever seen a physician for bladder problems ranged from 61% (Seekers) to 75% (Adapted). Among patients currently/ever under the care of a physician for bladder problems, the mean duration of bladder problems in each of the groups ranged from 4.5 years (Seekers) to 10.8 years (Discouraged), with the mean duration before consultation with a physician ranging from 1.5 years (Seekers) to 4.0 years (Discouraged).

The majority of subjects who had sought consultation in each group initiated the discussion of bladder symptoms with the physician. Among Discouraged, Adapted, and Untroubled patients, the proportions specifically consulting for bladder symptoms and asking about them during another consultation were similar. However, among Seekers, 78% specifically consulted the physician for bladder symptoms, and only 16% asked about them during a consultation for another condition. The proportion of patients who had ever taken prescription medication to treat their bladder problems ranged from 29% (Untroubled) to 84% (Seekers), with those currently taking medication ranging from 8% (Untroubled) to 66% (Seekers). Among those currently receiving treatment, mean scores for overall satisfaction with current treatment (on a 1–10 scale, with 1 indicating lower and 10 indicating higher satisfaction) ranged from 7.23 (Discouraged) to 8.28 (Untroubled).

### Interpretation of results

In this large multinational online cohort of patients with OAB syndrome, there was variability in patients' attitudes to OAB symptoms and its treatment, and the impact that OAB symptoms have on their lives. A substantial proportion of patients had never consulted a physician regarding bladder symptoms, and among those who had, the consultation was typically initiated by the patient rather than the physician, and occurred after symptoms had been experienced for a number of years. Satisfaction with the physician relationship was generally low. Rates of current prescription medication use were low, and satisfaction with current treatment among those patients appeared adequate even among the groups most affected by OAB symptoms. Possible explanations include low expectations of alternative treatments offered, or having simply lapsed from care.

### Concluding message

Patients with OAB symptom syndrome differ in their symptomatic experiences, attitudes, and behaviours. Patients' needs and desires for treatment differ, as does their level of motivation to proactively seek treatment. Thus, it is important for physicians to engage patients to discuss bladder symptoms and appropriate treatment options for OAB syndrome, to ensure that patients receive appropriate evaluation and effective management.

<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Patients self-selected to answer the Lightspeed Research Panel questions. Patients enroll in the panel, acknowledging their interest to participate in online surveys. For this survey, participants who were previously enrolled in the panel and who met the other inclusion criteria were invited to participate. The results reflect responses from individuals who consented to participate, although no formal informed consent was administered for this specific survey.
<i>Was the Declaration of Helsinki followed?</i>	No
<i>This study did not follow the Declaration of Helsinki in the sense that</i>	Patients self-selected to answer the Lightspeed Research Panel questions. Patients enroll in the panel, acknowledging their interest to participate in online surveys. For this survey, participants who were previously enrolled in the panel and who met the other inclusion criteria were invited to participate. The results reflect responses from individuals who consented to participate, although no formal informed consent was administered for this specific survey.
<i>Was informed consent obtained from the patients?</i>	No